

## FEE CHECKLIST FOR AIT SUBMISSION

Dept./Agcy.: \_\_\_\_\_ Date: \_\_\_\_\_

Dept./Agcy. Auth. Signature: \_\_\_\_\_

Dept./Agcy. Contact & Phone No.: \_\_\_\_\_

Description of proposed fee contained in AIT: \_\_\_\_\_

Amount of annual revenue related to this proposal: \_\_\_\_\_

Answer the following questions and check yes or no answers:	Check One		
	YES	NO	N/A
1. Is this a new fee?	[ ]	[ ]	[ ]
2. Is this a revision of an existing fee?	[ ]	[ ]	[ ]
3. When was the fee last revised? _____ <div style="margin-left: 40px;">Attach a fee schedule that includes a comparison between current and proposed fees.</div>			
4. List other county agencies/departments impacted by this fee. <div style="margin-left: 40px;">_____</div>			
5. Has the fee been coordinated with them?	[ ]	[ ]	[ ]
6. List non-county government agencies, organizations, and/or communities impacted by this fee. <div style="margin-left: 40px;">a. _____ Have they been notified? _____</div> <div style="margin-left: 80px;">Has the fee been coordinated with them? _____</div> <div style="margin-left: 40px;">b. _____ Have they been notified? _____</div> <div style="margin-left: 80px;">Has the fee been coordinated with them? _____</div> <div style="margin-left: 40px;">c. _____ Have they been notified? _____</div> <div style="margin-left: 80px;">Has the fee been coordinated with them? _____</div> <div style="margin-left: 40px;">d. _____ Have they been notified? _____</div> <div style="margin-left: 80px;">Has the fee been coordinated with them? _____</div>	[ ]	[ ]	[ ]
7. Have all advisory board and public hearing concurrences been finalized?	[ ]	[ ]	[ ]
8. Is full cost recovery planned in the fee calculation?	[ ]	[ ]	[ ]
9. Is agency/departments overhead included in the fee calculation?	[ ]	[ ]	[ ]
10. Is general county overhead included in the fee calculation?	[ ]	[ ]	[ ]
11. Has legal authority for the fee been reviewed?	[ ]	[ ]	[ ]
12. Is the fee request consistent with the legal authority to levy?	[ ]	[ ]	[ ]

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Check One  
YES NO N/A

13. Identify the legal authority for the fee.

14. Is the proposed Board Resolution or ordinance (if required) attached?

[ ] [ ] [ ]

15. When will the new fee be implemented?

16. Identification of the costs related to this fee proposal:

Personnel (S.E.B.)	_____
Services and Supplies	_____
Equipment	_____
Department Overhead	_____
County Overhead	_____
Other	_____
Total	_____

17. \*Current Fiscal Year

Annual Fiscal Year

Costs: \_\_\_\_\_  
Revenue: \_\_\_\_\_  
NCC: \_\_\_\_\_

Costs: \_\_\_\_\_  
Revenue: \_\_\_\_\_  
NCC: \_\_\_\_\_

\*Costs, revenue, and NCC from implementation through the end of the current fiscal year.

18. Revenue Coding:

Fund - Agency - Revenue Source - Revenue Sub Source - Org

The AIT and the Fee Checklist must be reviewed by the CEO and Auditor-Controller prior to filing with the Clerk of the Board.